

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10518655

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		2	1			
3		2	1			
4		2	1			
5		2	1			
6		2	1			
7		2	1			
8		2	1			
9		2	1			
10		2	1			
11		2	1			
12		2	1			
13		2	1			
14		2	1			
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16		2	1			
17			1			
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50						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	11	←		←
TOTAL CLAIMS			12			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						